**FORM XIII A**



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**NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA**

**बिजनी कॉम्‍पलेक्‍स, लैटमुख्‍्राह, शिलांग Bijni Complex, Laitumkhrah, Shillong-793003**

##### **XIII A - Financial Support for attending Conference/Seminar/Workshop /Other Similar Programme**

##### *(To be submitted at least 15 working days before the conference dates )*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1** | | Name of Scholar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **2** | | Roll no \_\_\_\_\_\_\_\_\_\_\_\_ | **3.** Department\_**\_\_\_\_\_\_\_\_\_\_** | **4.** Category (Please tick): Full time/ Project Fellow/Part Time | | |
| **5** | | Date of Admission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **6.** Date of Registration (Financial Support will not be given if registration is not completed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **7** | | (a) Name of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **8** | | (b) Name of Co-Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **9** | | Purpose (Please Tick/Specify) | | 1. Conference 2. Seminar 3. Workshop 4. Other (please mention)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **10** | | Mode of attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | |
| **11** | | **Details of the programme for which financial support is requested;** | | | | |
|  | Name of the Programme | | |  | | |
| Name of the Organising Institute/Society | | |  | | |
| Venue (Include Place & Name of the Country) | | |  | | |
| Programme Duration | | |  | | |
| Title of the paper for presentation( please attached abstract and acceptance mail, write N/A if not applicable ) | | |  | | |
| **12** | **Details of Expenditure for Attending the Programme;** | | | | | |
|  | Registration fee | | |  | | |
|  | Travelling Expenses (attached itinerary along with estimated expenses) | | |  | | |
|  | Any other Expenditure | | |  | | |
|  | Source of Funding (Please Tick/Specify) | | | Institute / TEQIP / Project / Any other source (please mention)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **13** | **Details of conference/ seminar/ workshop/ other similar programme already attended** | | | | | |
| Sl no | Name of Conference/ Workshop / Training Programme | | | Funded Source (Institute/Project/TEQIP) | Amount Received (in Rs.) | Whether certificates submitted to the Academic Section (Yes/No) |
| a |  | | |  |  |  |
| b |  | | |  |  |  |
| c |  | | |  |  |  |
| d |  | | |  |  |  |

(Additional sheet in the same format may be attached if the numbers of programmes attended are more).

***Undertaking by the Student:***

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby declared that till date a sum of Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in figure) only, has been availed by me as Financial Assistance from the Institute fund to attend \_\_\_\_\_\_\_\_\_\_\_\_\_ nos. of Conference/ Workshop/ Training Programme and other similar programmes. I further declare that if the information provided by me is found to be incorrect, the Institute may take action as deemed appropriate.

Signature of the Scholar

Date:

**Enclosures to be submitted along with this form:**

1. Conference/Seminar/Workshop details
2. Abstract of paper and acceptance mail
3. Travelling itinerary along with estimated expenses
4. Academic leave form

Remarks/Recommendation by the supervisor(s)/HoD

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Signature of Supervisor/Guide Signature of HoD

Date: Date:

Forwarded to Dean (R&C)/ TEQIP Co-ordinator (If funded from Project /Consultancy/TEQIP head.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean (R&C)/ TEQIP Co-ordinator

Forwarded to Academics Section

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For Office use:

Other remarks:

JA(AA) Supdt(AA) AR (AA)

Recommended/ Not Recommended

Dean (AA)

Approved/Not Approved

Director